



Confederated Tribes and Bands  
The Yakama Nation

Established by the  
Treaty of June 9, 1855

## YAKAMA NATION DNR EDUCATION SCHOLARSHIP PROGRAM

P.O. Box 151  
Toppenish, WA 98948  
(509) 865-5121, extension 4652

### APPLICATION CHECKLIST

#### NEW STUDENT

- \_\_\_\_\_ Application complete and signed
- \_\_\_\_\_ Personal Letter
- \_\_\_\_\_ Enrollment Card or Enrollment Verification Letter
- \_\_\_\_\_ College Acceptance Letter
- \_\_\_\_\_ High School Transcripts/GED Score sheet
- \_\_\_\_\_ College Transcripts (if applicable)
- \_\_\_\_\_ Graduation Documentation/Credit Evaluation
- \_\_\_\_\_ Authorization of Release Form signed

#### GRADUATE STUDENT

- \_\_\_\_\_ Application complete and signed
- \_\_\_\_\_ Personal Letter
- \_\_\_\_\_ Enrollment Card Photocopy
- \_\_\_\_\_ Complete College Transcripts
- \_\_\_\_\_ Acceptance Letter from Graduate School

**Incomplete or late applications will not be accepted or considered.**

**Deadline for applications: ~~June 30, 2014; 5:00 p.m.~~**

*extended to*  
*AUG. 1, 2014*  
**Submit Complete Application Packet to:**  
**Debbie L. James, NR Specialist**  
**DNR Administration**

*or submit to Higher Education office*



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## YAKAMA NATION DNR EDUCATION APPLICATION

Year: 2014-2015

Applying for (circle all that apply):      Fall                  Winter                  Spring                  Summer

Name \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tribe Enrolled: \_\_\_\_\_ Enrollment # \_\_\_\_\_

Home Address: \_\_\_\_\_  
Box/Street                          City                  State                  Zip Code

Home Phone: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Ext \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Martial Status: Married ( ) Single ( )      Head of Household: Yes ( ) No ( )

Dependents: \_\_\_\_\_ Email address: \_\_\_\_\_

College Status:      Freshman      Sophomore      Junior      Senior      Graduate

High School/GED: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College/University: \_\_\_\_\_

Address: \_\_\_\_\_  
Box/Street                          City                  State                  Zip Code

Major: \_\_\_\_\_ Total College Credits Earned to Date: \_\_\_\_\_

The information provided in this application is true, correct, and complete. I understand that if accepted by the Yakama Nation DNR Education Program and I withdraw or earn 0.00 GPA or 0 credits before the term is over for insufficient reasons, I will refund the Yakama Nation DNR Education Program. I agree to send grade transcripts and/or inform the DNR Education Specialist of any changes in my education process.

I hereby provide the required information and authorize the use of such information for determining my eligibility for educational assistance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



Yakama Nation DNR Education Program

## **PERSONAL LETTER**

**Please indicate your educational and employment plans.**

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Signature and date



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## **DNR EDUCATION PROGRAM AUTHORIZATION TO RELEASE FORM**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
to release any and all information concerning my academic performance and campus based  
financial aid status to the Yakama Nation DNR Education Program. This release may be based  
upon either a verbal or written request directed to either myself or the college by the DNR  
Education Program. I understand that the DNR Education Program will maintain the  
confidentiality of such information.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**